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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
08/187,623	01/25/1994	FRANK L. LEYBA	72847.P001

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN  
12400 WILSHIRE BLVD., 7TH FLOOR  
LOS ANGELES, CA 90025

CONFIRMATION NO. 5443



\*OC000000020394036\*

Date Mailed: 09/12/2006

## NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 08/18/2006.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

JAMES R MATTHEWS

3921 (571) 272-4233

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08/187,623	01/25/1994	FRANK L. LEYBA	72847.P001

32794  
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IRVINE, CA 92612

CONFIRMATION NO. 5443



\*OC000000020394374\*

Date Mailed: 09/12/2006

## NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 08/18/2006.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

  
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Bib Data Sheet

CONFIRMATION NO. 5443

<b>SERIAL NUMBER</b> 08/187,623	<b>FILING OR 371(c) DATE</b> 01/25/1994 <b>RULE</b>	<b>CLASS</b> 206	<b>GROUP ART UNIT</b> 3207	<b>ATTORNEY DOCKET NO.</b> 72847.P001
<b>APPLICANTS</b> FRANK L. LEYBA, LONG BEACH, CA; RALPH V. QUARANTELO, ORANGE, CA;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/22/1994				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 32794				
<b>TITLE</b> GOLF BAG WITH REMOVABLE PANELS AND METHOD FOR AFFIXING INDICIA THERETO				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	